See separate instructions.

## Part I Reporting Issuer

Part Reporting           1 Issuer's name	issuer	2	2 Issuer's employer identification number (EIN)				
Signature Income & Growth Fund (P)					N/A		
3 Name of contact for ad		• •	ne No. of contact	5	5 Email address of contact		
			16-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered to street address) of co				70	7 City, town, or post office, state, and ZIP code of contact		
2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7		
			assification and description				
		0 01000					
Tax Year 2020	<u> </u>	Non-taxable di					
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13	Account number(s)		
N/A	/A N/A		N/A		N/A		
					f form for additional questions.		
-				-	which shareholders' ownership is measured for		
the action ►					nroughout the 2020 taxation year.		
	the 2020 taxa	1	r unit information of th	le return (	of capital that occurred throughout		
		ibie year.					
15 Describe the quantita	tive effect of the organ	izational act	tion on the basis of the secur	rity in the ha	ands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis  0.32878 per unit							
16 Describe the calculati	on of the change in ba	sis and the	data that supports the calcul	lation, such	as the market values of securities and the		
valuation dates	N/A						

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Pa	rt II	Drganizational Action (continued)					
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►			
				312 and 316			
40	Con on	resulting lass he recognized $\sim N/A$					
18	Can an	resulting loss be recognized? ► N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A			
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying scheo it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and arer has any knowledge.			
Sign							
Her	<u> </u>		Date March 31, 2020				
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer			
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed			
	e Only	Firm's name		Firm's EIN ►			
	,	Firm's address 🕨		Phone no.			

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054